

REC MAR 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1677

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bethesda Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether _____)
In this community 60 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6600 Washington Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME IONE SHOCKLEY STRATTON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
7. (b) Name of husband or wife unknown Hugh Strickland Age of husband or wife if alive _____ years
7. Birth date of deceased August 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 6 28 hr. _____ min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business St. Louis Public Schools

MOTHER FATHER { 12. Name George Shockley
13. Birthplace Franklin, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Shockley
15. Birthplace Franklin, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant I. Stratton
(b) Address Davenport, Iowa

17. (a) burial (b) Date thereof 2/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander S. Low

(b) Address 6175 Delmar Blvd.

19. (a) FEB 21 1941 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20th
year 1941 hour 4 minute _____ A.M.

21. I hereby certify that I attended the deceased from Jan 17, 1941 to Feb 20, 1941, that I last saw h. w. alive on Feb 19, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo-pneumonia
chr. Myocarditis

Duration

Due to _____
Due to _____

Other conditions Bronchial Atelectasis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. Bredeck (M. D. or other) M.D.
Address 4500 Olive St. Date signed 2-21-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0799

on
Lester Bledy

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

..... working under my personal supervision.

Signed.....

jos e. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

[Handwritten signature]